

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Mu VILLAGE OF			ity Nar	me):	Permit Number MS4-IL40035	n Representing Permittee Who Contacted IEPA:				
Date: 02-13-15	DEG DI AU		ce Contacted: INES		Name of IEPA Employee Contacted: ALAN ANDERSON					
Sanitary Se	wer Ove	- erflow	v or B	Bypass De	talls					
Date and Dura	ition of Ov	erflow	or Byp	ass Occurre	nce (complete :	a separate fori	m for each occurrence):			
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 02-11-15 3;15 X 1HRS FROM REPORT										
Estimated Vol Wastewater Discharged (gallons): 2GALS	V N s;		Not ap	ouring bypass plicable for a		Location of th	ne Overflow or Bypass:			
Circumstar	nces Ca	using	the (Overflow o	or Bypass (c	heck all th	at apply)			
WPC 733		Rain		Power	Power Outage					
11/2011		Snow Melt Brok			en Sewer 🔲 Widespread Flooding					
failed. What	caused the	powe	r outag	ge, or what p	lugged the sew	er. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street.			
VILLAGE SE SERVICE.	WER LINE	WAS	BLOC	KED HAD S	EWER CLEAN	ED AND MAIN	I DRAINED. ROOTS CLEAN ON FOLLOW UP			

Wet Weathe		•									
Date(s) and I	Duration (of Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of I	Rainfall (inch	nes)	Amount of Snow Melt (inches)		
Contributing	Soil Con	ditions (satı	urated, frozen,	, soil type)							
Where Did	the Di	scharge	from the O	verflow	or Bypas	ss Go? (cl	neck all th	at ap	ply)		
Provide the n If discharge o storm sewer t	loes not e	enter direct	ly into surface	nat the war water, but	stewater er t indirectly l	nters, which c by way of a d	ould be a ne litch or storm	earby s	tream, river, lake, or wetland r, trace the path of the ditch		
Runs on g	ground a	nd absorbs	into the soil								
Ditch: Na	ame of su	ırface wate	r it drains to:								
Storm Se	wer: N	ame of sur	face water it d	rains to:							
Surface	water dire	ect discharç	je:	-							
🔀 Basemen	it Back-uj	os, (Numb	er & use (i.e.r	esidential,	, commerci	al) of building	s affected):	TOLI	ETS BACKED UP		
Other, de			<u>.</u>		······						
Actions to	Correc	t This O	ccurrence a	and Pres	vent Futi	ire Owerfl	niks or Ru	mace	66		
may be me s	unlect of	emorceme	nt action.	•					Sess. Illinois law and NPDE overflows and bypasses		
Report Co	mplete	d By			Auti	horized Re	presentat	live C	ontact Information		
Contact Perso	on: <u>HA</u> RI	RYHAMM	оск		Contact Person: SAME						
Street Addres	s: <u>2020</u>	CHESTNU	T RD		Title: UTILITY SUPERVISOR						
O Box:						et Address: _					
City:		EWOOD	State:		PO B	Box:	· · · · · · · · · · · · · · · · · · ·				
Zip Code: County:	6043		Phone: 708-2	06-2910	City:				State:		
ounty.	<u>coo</u>	К	-		Zip C Coun				Phone:		
Any person (Ilinois EPA (LCS 5/44(h))	commits	wingly ma a Class 4	kes a false, fi felony. A se	ictitious, d cond or s	or fraudule ubsequen	ent material s t offense afte	statement, c er convictio	orally o n is a	or in writing, to the Class 3 felony. (415		
Authorized R	epresent	ative Name	(Print)		Title						
HARRYHAN	MOCK	/			UTILITY SUPERVISOR						
Hai	HU	mu	wek				2/1	3//	15		
Autho	/ prized Re	presentativ	e Signature				· D	ate			



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Permittee (Mu VILLAGE OF			ity Nar	ne): 	Permit Number: MS4-IL40035	Person F HARRY	Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK			
Date: 02-13-15	Time: 8:35	AM ×	PM	IEPA Office DES PLAII	Contacted:		ame of IEPA Employee Contacted: LAN ANDERSON			
Sanitary Se	wer Ove	rflow	or B	ypass De	tails					
Date and Dura	tion of Ov	wolfrs	or Byp	ass Occurre	nce (complete a s	eparate form f	for each occurrence):			
Start Date: 02-11-15	Time: 11:00	AM	PM ×	Duration of 2HRS FR	f the overflow or by OM REPORT	ypass (hours a	and minutes):			
Estimated Vol Wastewater Discharged (gallons): 2GALS	V/ M s)	M/TP I IGD): I ystem (I/A	Not ap	uring bypas: plicable for a	collection Lo	ocation of the 0	Overflow or Bypass: AK RD			
Circumstaı	nces Ca	using	the (Overflow o	or Bypass (che	eck all that	apply)			
WPC 733		Rain		☐ Power	ower Outage 🗌 Equipment Failure 🛛 Other (explain below)					
11/2011		Snow I	Vielt	☐ Broken	en Sewer 🔲 Widespread Flooding					
failed. What	caused the	powe	r outag	je, or what p	lugged the sewer.	Flooding sho	urred. For example, describe what equipment build only be indicated, as a cause if there is ust localized high water in the street.			
RESIDENT S	EWER LIN	1E WA	S BLC	CKED ADV	ISED TO CALL PL	UMBER TO C	CLEAN SERVICE LINE			

Wet Weather (if applicable)								
Date(s) and Duration of Rainfall:		•						
Start Date: Time: AM PM End Date: Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)					
Contributing Soil Conditions (saturated, frozen, soil typ	e)							
Where Did the Discharge from the Overflow	v or Bypas	ss Go? (check all that a	pply)					
Provide the name of the local receiving water that the v If discharge does not enter directly into surface water, t storm sewer to find the receiving water.	vastewater e out indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch o					
Runs on ground and absorbs into the soil								
Ditch: Name of surface water it drains to:								
Storm Sewer: Name of surface water it drains to:	·							
Surface water direct discharge:								
Basement Back-ups, (Number & use (i.e.residenti								
Other, describe:			-					
may be the subject of enforcement action. Housed Resident to clean TREE Root I'N Service Report Completed By								
•	Aut	horized Representative	Contact Information					
Contact Person: HARRY HAMMOCK	Contact Person: SAME							
Street Address: 2020 CHESTNUT RD PO Box:		UTILITY SUPERVISOR et Address:						
City: HOMEWOOD State: IL	PO E	 	· · · · · · · · · · · · · · · · · · ·					
Zip Code: 60430 Phone: 708-206-2910	_		State:					
County: COOK	Zip C Cour	code:	Phone:					
Any person who knowingly makes a false, fictitious lilinois EPA commits a Class 4 felony. A second or ILCS 5/44(h))	, or fraudule subsequen	ent material statement, orally t offense after conviction is a	or in writing, to the Class 3 felony. (415					
Authorized Representative Name (Print)	Title							
HARRY HAMMOCK	UTILITY SUPERVISOR							
Day Donnicell		2/13,	15					
Authorized Representative Signature		Date						



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Permittee (Mur Village of Hom		r Facili	ity Nar	ne):	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK			
Date: 02-04-15	Time: 4;00	AM	PM 🔀	IEPA Office DES PLAIN	Contacted:	Name of IEPA Employee Contacted: ALAN ANDERSON			
Sanitary Se	wer Ove	- erflow	or B	ypass Det	ails				
Date and Dural	ion of Ov	erflow	or Byp	ass Occurren	ice (complete a sepa	arate form for each occurrence):			
Start Date: 02-03-15	Time: 11:00	AM	PM ×	Duration of 2 HOURS	the overflow or bypa FROM START OF R	ess (hours and minutes): EPORT			
Estimated Volu Wastewater Discharged (gallons): 5 GALLONS	s) M V\	WTP F GD): N /stem S	Flow D Not ap SSO.	uring bypass plicable for a	Loca	tion of the Overflow or Bypass: 53 CARSON DR.			
Circumstan	ces Cau	using	the (Overflow o	r Bypass (checl	k all that apply)			
WPC 733		Rain		☐ Power C	Dutage 🗵 Equipm	ent Failure 🛛 Other (explain below)			
11/2011	Snow Melt			☐ Broken Sewer ☐ Widespread Flooding					
failed. What c	aused the	power	outag	ie, or what plu	ugged the sewer. Fl	ypass occurred. For example, describe what equipment ooding should only be indicated, as a cause if there is evels, not just localized high water in the street.			
	VALVE FA	AILED A	ALLOV			IEIR SUMP PUMP CONECTED TO THE SEWER LINE MP PIT. PUMP WAS RECYCLING WATER. VILLAGE			

Wet Weather	(if applicable))									
Date(s) and D	uration of Rai	nfall:									
Start Date:	Time: AN	1PM EndDa	te: Time:	AM PM	Amount of Rai	infall (inches)	Amount of Snow Melt (inches)				
Contributing :	Soil Conditions	s (saturated, fro	ozen, soil type)							
Where Did	the Discha	rge from the	e Overflow	or Bypa	ss Go? (chec	ck all that a	pply)				
Provide the na If discharge d storm sewer t	oes not enter	directly into sur	ter that the wa	astewater e ut indirectly	nters, which cou by way of a ditch	ld be a nearby n or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch o				
Runs on g	ground and ab	sorbs into the s	soil								
☐ Ditch: Na	me of surface	water it drains	to:								
Storm Sev	wer: Name	of surface wate	er it drains to:								
	vater direct dis	•									
⊠ Basemen	t Back-ups, (Number & use	(i.e.residentia	ıl, commerc	ial) of buildings a	affected):					
Other, de											
A ations to	Carrage Th	lo Ossurron	see and Dr		iina Oiraklai	es en Dumas					
					ure Owerflow	- 1					
this form. Als permits prohi	so describe wi bit overflows o	nat actions are	planned to pr iless certain s	event or mii	nimize future ove	erflows or byos	rflow or bypass reported on Issess. Illinois law and NPDES er overflows and bypasses				
	EANED SEW WITH RESID		T REPAIRED	CHECK VA	LVE AND SUMF	P PUMP AND	SUMP CONNECTIONS WAS				
Report Co	mpleted By	•		Aut	horized Rep	resentative	Contact Information				
Contact Person	on: HARRY H	AMMOCK		Contact Person: SAME							
Street Address	ss: 2020 CHE	STNUT RD		Title: UTILITY SUPERVISOR							
PO Box:					et Address:		-				
City:	HOMEWO	•	tate: IL	-	Box:		_				
Zip Code:	60430	Phone: <u>7</u>	708-206-2910	-	•		State:				
County:	COOK			∠ıp ' Cou	Code: ntv:		Phone:				
							 				
	commits a Ĉi						y or in writing, to the a Class 3 felony. (415				
Authorized R	epresentative	Name (Print)		Title							
HARRYHAI	имоск			UTILITY SUPERVISOR							
Davi	Kom	meels	:			g/#//	, 5				
Avitho	prized Repres	entative Signat	ure			Date					



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Permittee (Muni Village of Home		Facili	ty Nan	ne): 	Permit Number MS4-IL40035	r: Perso	on Representing Permittee Who Contacted IEPA: RY HAMMOCK		
Date: 01-06-15	Time: 9:30	AM ⊠	PM	IEPA Office DES PLAIN	Contacted:		Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanitary Sev	ver Ove	rflow	or B	ypass Det	tails				
Date and Durati	on of Ove	rflow o	or Bypa	ass Occurrer	nce (complete :	a separate for	m for each occurrence):		
Start Date: 01-06-15	Time: 8:00	AM	PM □	Duration of	the overflow o	bypass (houi	rs and minutes):		
Estimated Volu Wastewater Discharged (gallons): 100	Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): system SSO. Location of the Overflow or Bypass:								
Circumstand	ces Cau	sing	the C	verflow c	r Bypass (c	heck all th	at apply)		
NPC 733 Rain 🔲				☐ Power 0	☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)				
11/2011	□s	now M	felt	☐ Broken	Sewer 🔲 W	idespread Flo	oding		
failed. What ca	used the p	power	outag	e, or what pl	ugged the sew	er. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is of just localized high water in the street.		
THE VILLAGE	SEWER M	MAIN I	WAS C	CLEAR POS	SABLE TREE	ROOTS IN RE	SIDENTS SERVICE LINE		

Wet Weather	(if appli	cable)									
Date(s) and D	uration	of Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount o	of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing S	Soil Con	ditions (satı	urated, frozen,	, soil type))						
Where Did	the Di	scharge	from the O	verflow	or Bypas	ss Go? (check all that a	apply)			
	es not	enter direct	ly into surface					y stream, river, lake, or wetland. wer, trace the path of the ditch or			
Runs on g	round a	nd absorbs	into the soil								
Ditch: Na	me of su	ırface wate	r it drains to:								
Storm Sev	ver: N	ame of sur	face water it d	Irains to:							
☐ Surface v	vater dir	ect dischar	ge:					***			
⊠ Basemen	t Back-u	ps, (Numb	oer & use (i.e.)	residential	l, commerci	al) of buildi	ngs affected): 1				
Other, de	scribe:										
may be the s RESIDENT C	CALLED	LOCAL PL			Διι	horized i	⊋enresentative	Contact Information			
•	•	•			Authorized Representative Contact Information						
Contact Perso					Contact Person: Same						
Street Addres PO Box:	is: <u>202</u> 1	Cnestnut	ra.		Title: Street Address:						
City:	Hom	ewood	 State:	:	PO		•				
Zip Code:	6043		Phone: 708-2		. City:			— State:			
County:	Coo		1 1101101 100 1	200 2010	· ·	Code:	•	Phone:			
					Cou	nty:					
	commit							lly or in writing, to the a Class 3 felony. (415			
Authorized R	epresen	tative Nam	e (Print)		Title						
Hamy Hamm	ock	,			Utility Supervisor						
Dow	144	mu	ull			<u> </u>	1-13-	15			
Auth	/ prized R	epresentati	ve Signature			-	Date				